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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/777,575
	Filing Date	12 February 2004
	First Named Inventor	Czyszczewski et al.
	Title	Method system and apparatus for scriptable multifunction device controller
	Art Unit	2173
	Examiner Name	N. Pillai
	Attorney Docket Number	BLD920030010US1

I hereby revoke all previous powers of attorney given in the above-identified application.

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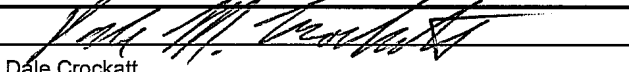
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Applicant/Inventor

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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date
Name	Dale Crockatt	Telephone (303) 924-5236
Title and Company	Associate General Counsel, InfoPrint Solutions Company LLC	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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*Total of _____ forms are submitted.

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